

## A word from the chairman

Dear Friends,

We are happy to present to you another issue of 'IMA around the Globe' where you can read about the recent IMA events both in Israel and abroad. As you saw in our last edition the IMA had launched "a mission to save public medicine". This struggle included many months of negotiations with the Treasury and many sanctions and protests by Israeli physicians. I am happy to report that an agreement was reached at the end of August between the IMA and the Treasury. Unfortunately, many medical residents in the center of the country were not satisfied with the terms of the agreement and threatened to resign. This led to many subsequent months of negotiations. Finally, in December a supplement agreement was reached. You can read more about these agreements in the domestic news section of this bulletin.

I have recently had the pleasure of travelling to many events held by some of our IMA World Fellowship chapters. In October our Belgian Chapter held a European Congress and celebrated the IMA centennial with a session on Israeli Medicine at the European Parliament. This meeting was well attended and allowed us to present the positive work of Israeli medicine to a European audience.

I also had the opportunity to travel to North America and meet with members of our Canadian Chapter in Toronto



Dr. Zeev Feldman

and attended meetings in Los Angeles and Orlando. In Los Angeles I presented at the USA-Israel BioMedTech Confer-

ence about medical innovations in Israel. In Orlando, I had the opportunity to meet with the Orlando Maimonides Medical Society. The evening was intended to increase awareness in the medical community of the Nicholson Center and the Florida Hospital Partnership with Sheba Medical Center. You may read more about these events and other activities of our friends and chapters throughout the world in our Chapter Tidbits section.

Finally, as the new calendar year is upon us; I would like to wish you a Happy New Year and much success and happiness in the coming year.

> Zeev Feldman

Chairman

IMA World Fellowship



The Israeli Medical Association - World Fellowship wishes you and your family a prosperous, healthy and successful year ahead.

# Save Our Public Health System

**SAVE THE PUBLIC HEALTH SYSTEM IN ISRAEL**

After many months of a difficult and complex struggle, marked by intensive negotiations, on Thursday the 25<sup>th</sup> August 2011 a breakthrough agreement was signed, one which is hoped will change the face of the public health system.

## Deterioration of the Israeli Health System

In early 2011, the Israeli Medical Association (IMA) publically announced the launch of “a mission to save public medicine,” demanding additional manpower, more beds in hospitals, an increase in physician salaries in the periphery and incentive pay for doctors working in specialties suffering from physician shortages.

## Physicians Strikes

On the 3<sup>rd</sup> April, the IMA announced a 2-day warning strike, emphasizing that although we did not want a strike that could harm patients, to remain silent at this time would be akin to abandoning future patients. Several demonstrations were staged throughout the subsequent months of negotiations, including at the Tel Aviv annual marathon, on Israeli Independence Day, on the festival Lag B’Omer and outside the Israeli Parliament.

Despite an ongoing series of sanctions and protests launched by the Is-

raeli Medical Association, negotiations with the government on public health reform and increased wages for physicians remained unsuccessful. Despite their being inconvenienced, public support for the physicians ran high as people recognized that the system was in vital need of repair. Throughout the strike, the IMA’s “exception committees” worked to ensure that all urgent medical needs were addressed. The committees approved more than half of the requests for treatment presented by patients and their doctors. Physicians continued to treat all patients in life-threatening situations, even on days of full sanctions.

## Hunger Strike and March to Jerusalem

On the 25<sup>th</sup> July, the IMA held a press conference at which Dr Eidelman called upon the Israeli Prime Minister and Health Minister, Benjamin Netanyahu, to intervene in the dispute. Dr Eidelman took leave from his hospital and began a hunger strike, which he declared he would not stop until the end of the conflict.

Concurrently, Dr Eidelman began a 4-day walk from the IMA offices in Ramat Gan to the Prime Minister’s office in Jerusalem. Throughout the week, protest marches were held at local hospitals and among community phy-

sicians across the country. Dr Eidelman arrived in Jerusalem on Friday 29<sup>th</sup> July where he set up a tent outside the Prime Minister’s office. 134 days after the physicians declared a labor dispute and following months of negotiations, there was still no agreement.

On the 31<sup>st</sup> July, Dr Eidelman met with President Shimon Peres. President Peres promised that he would speak with the political leadership in order to try and reach a solution to the deadlock in negotiations. Dr Eidelman restated his call for Netanyahu to personally intervene.

*“We were deeply honored to be hosted at the residence of the country’s number one citizen. But it is not honor that we are looking for; we are looking for a solution to the problems plaguing the public health system. We need more doctors to treat our citizens,”*

Later that day, approximately 3,000 doctors and residents again protested opposite the Israeli Parliament, demanding a solution to the crisis in the health care system. Following the demonstration, the protesters marched to the Prime Minister’s residence, where Dr Eidelman presented a petition with more than 30,000 signatures calling for a solution to save the public health system in Israel.

A most moving display of support afforded Dr. Eidelman by many in the government occurred on the 2<sup>nd</sup> of August, when he was greeted by a rousing standing ovation at a meeting of the health lobby in the Parliament.

**“A most moving display of support afforded Dr. Eidelman by many in the government...when he was greeted by a rousing standing ovation”**

### Breakthrough in Negotiations

On the 3<sup>rd</sup> of August, a breakthrough was achieved in the discussions between the IMA and the Ministry of Finance. The state agreed to add 1,000 staff positions for doctors in hospitals, effective immediately. The 1,000 job slots would be fixed in the agreement and would be in addition to allocations to expand the number of hospital beds within the next few years. The state also agreed to grants of up to 300,000NIS (approximately \$83,000) for doctors who move to the periphery or enter specialties where there is a manpower shortage. In addition, the number of night and weekend shifts of 26 consecutive hours would be reduced to six per month. Following this breakthrough, Dr Eidelman, ended his hunger strike, which had begun 10 days earlier.

With hope to end the dispute, and following a hearing in the High Court of Justice, the Treasury and the IMA entered into accelerated and intensive negotiations in order to deal with the remaining issues.

### An Agreement was Reached!

After more than five months of a difficult and complex struggle, marked by intensive negotiations, on Thursday the 25th August 2011 a breakthrough agreement was signed.

The Israeli Medical Association and representatives of the Treasury signed a new collective bargaining agreement, which is hoped will change the face of the public health system.

Under the agreement, there will be significant additions to the health care system, including:

- The addition of more than 2.5 billion NIS in funding

“ The people of Israel will receive a better quality of medicine in a more equal health system.”

- 1000 new doctor positions in public hospitals
- A limit to the number of resident on-call shifts: 6 a month
- Salary increases of between 32% -80%
- 49% increase in average hourly wage
- Significant salary increases for doctors working in the periphery, and a one-time grant of 300,000 NIS for doctors who move to the periphery
- Salary supplements and special grants for doctors who choose to work in specialties with a severe shortage, of up to 300,000 NIS\*
- 20% of the increases will go into effect immediately, and 70% will be phased in over the next 3 years.

Dr. Leonid Eidelman, President of the IMA stated: “We set out to bring

\*Those doctors who both enter these specialties and work in the periphery are eligible for grants of up to NIS 500,000.

about change in public medicine in Israel and I'm proud to say that we achieved the goal.

The road was not easy. But throughout the journey we believed in ourselves and the importance of the goal we set.

In fact, the change we made to the concept, that those who work more will get more, and those who invest more in public medicine will earn significantly more, will assure that the people of Israel will receive a better quality of medicine in a more equal health system.

It is important for me to thank the multitudes of doctors who persevered with the demonstrations and took an active part in the long fight. I also send my thanks and deep appreciation to the Israeli public and patients, who stood behind the doctors and showed us their support and tolerance. You have given us the power to bring about a real change.”



■ **Top:** left to right - Dr Noam Benjamin, Dr Hezi Levy, Dr Israel Eilig, Dr Moshe Kostiner, Dr Nimrod Rahamimov, Dr Tazki Siev-Ner, Adv Leah Wapner, Dr Baruch Yitzhak, Dr Zeev Feldman.  
**Bottom:** left to right - Yitzhak Peterburg, Ilan Levin, Dr Leonid Eidelman, MK Yitzhak Cohen, Eli Depes

## SAVE THE PUBLIC HEALTH SYSTEM IN ISRAEL

# Israeli Medical Residents Threaten to Resign

Although the Israeli Medical Association struck an agreement with the Finance Ministry in August, hundreds of medical residents remained dissatisfied with their work conditions and submitted letters of resignation. The residents in the center of the country opposed the nine year agreement signed by the IMA and the Treasury. They demanded higher compensation, an improvement in working conditions and to have the agreement reduced from nine to four years. They also requested that a monitoring committee be set up to track the implementation of the agreement.

The courts deemed the residents' submission of resignations as an unauthorised collective labour action and affirmed that the IMA continues to represent all the country's doctors, including the residents.

Following the court ruling, more than 700 residents submitted new letters of resignation on a more individual basis. These resignation letters were also rebuffed by the courts. The National Labor Court persuaded both the residents and the Treasury, together with the IMA, to continue negotiating under court auspices. However, following weeks of court mediated negotiations, no agreement was reached.

The Finance Ministry suggested allocating funds for solving problems that may arise in the coming years and employing specialists in full-time hospital positions. They also proposed improving employment terms, such as including a weekly day of rest, providing doctors with transportation to hospitals and ensuring they are not placed on more than

six on-call shifts a month. Still, no agreement was reached.

At the end of October, Supreme Court Justice Hanan Melcer, sitting as the High Court of Justice, stated that he would give the residents two weeks to find a solution to their labor dispute with the Treasury.

On the 14<sup>th</sup> November, nearly 250 medical residents did not show up for work. The move came as the court ordered talks with the Treasury failed to make any progress. The residents had kept the move quiet to avoid the High Court issuing an injunction. The hospital residents were joined in the protest by a few dozen medical specialists.

**“ The residents in the center of the country opposed the nine year agreement signed by the IMA and the Treasury. They demanded higher compensation and an improvement in working conditions”**

A further 200+ medical interns failed to show up to work in hospitals on the 15<sup>th</sup> November, in a show of support for the medical residents. Over 100 senior doctors from public hospitals also announced their intention to resign in solidarity with the residents. Forty doctors would resign from Rambam Medical Center in Haifa, forty from Sorosky Medical Center in Tel Aviv and a further 20 from Sheba Medical Center at Tel Hashomer, in addition to other hospitals. Most of

the resigning doctors are affiliated with a newly formed group, the Association of Hospital Doctors, which ostensibly was set up to compete with the Israeli Medical Association. The doctors oppose the nine-year agreement and especially its requirement that they punch time clocks.

The resignations came as approximately 250 medical residents did not show up for work for the second consecutive day, leaving public hospitals in the center of the country understaffed. Work at hospitals in the periphery continued as usual.

The Health Ministry warned that the residents were acting “in contempt of court” and instructed hospital directors to tell their residents that if they did not coordinate their absences with management, they would be violating hospital rules and the ruling of the National Labor Court, which had instructed them to return to work.

After a week of absenteeism, hundreds of medical residents returned to work at hospitals throughout the country. The negotiations between the government and the residents had come to a standstill and the High Court appointed Prof. Moti Mironi, president of the Chamber of Israeli Mediators, and retired Supreme Court Justice Itzhak Zamir, to mediate the negotiations over the subsequent two weeks.

The negotiations were held at the Israeli Medical Association offices. The Treasury stated in advance that it would not break the nine-year accord that was signed with the IMA at the end of August, but that it could make adjustments in or-

der to satisfy the residents.

After long discussions exploring solutions to the issues raised by the residents, a supplementary agreement was signed on the morning of December 8th, which would improve working conditions for doctors, with an emphasis on community residents and young specialists, without taking away from the provisions of the collective agreement signed on the 25<sup>th</sup> August.

In the days preceding the signing of the agreement, specialist physicians in the various hospitals voted on the details of the agreement, and their willingness to withdraw the resignations submitted if this agreement takes effect. An overwhelming majority were in favour of the draft agreement.

Below is a summary of supplementary agreement reached:

- **Grants for specialist doctors** - the doctors will receive a bonus of 20,000 NIS after the first stage of their training, and another bonus of 40,000 NIS after the second stage.
- **Weekly rest day** - Residents will be entitled to an extra day of rest after weekend duty, in addition to the day of rest they already receive after every duty shift. Their weekly day of rest shall be considered an ordinary working day, and not be deducted from their salary or vacation days.
- **Monitoring Committee** - A monitoring committee will be setup in hospitals, which will include representatives of the hospital administration and representatives of the IMA within the hospital, as well as representatives of the residents. The committee will enforce the maximum number of duty shifts of six a month and ensure that the weekly day of rest is also received.

- **Compensation for seventh or more duty shifts** - A doctor who works more than 6 duty shifts a month will receive special compensation (in order to provide a negative incentive, employers who assign specialists to more than six duty shifts a month will be fined.)
- **Work on Fridays** - Specialists will also be paid for working more than 13 Fridays in a year. On the 14th Friday they work, they will begin to

receive extra reimbursement.

- **Specialist interns** - Specialist interns in highly-specialist departments may receive compensation for duty at the rate of 120% of a full duty tariff.

As part of the compromise, the wage agreement and its implementation will be reexamined after four years, in 2015, and if the parties fail to reach an understanding they will turn to arbitration.



**Dr. Leonid Eidelman**  
President  
Israeli Medical Association

8<sup>th</sup> December 2011

**Dear Colleagues,  
Dear Friends,**

The Israeli Medical Association welcomes the agreement signed this morning after two weeks of intensive dialogue at the IMA offices.

I hope that we have paved the way for all publicly employed physicians, including interns and residents, to return to the hospital corridors with a sense of satisfaction and with their heads held high from the important achievements obtained. I have no doubt that these achievements in the working conditions of resident doctors will be immediately felt in their daily work and will positively affect their quality of life.

The collective bargaining agreement and its accompanying agreements are another step forward for Israeli doctors and the public patients. The document was signed by representatives of the IMA, including residents, as well as by the Ministry of Finance and employers.

I thank all those who worked so hard for the doctors and the public health system, and especially the young doctors' representatives who tirelessly worked, in order to achieve the best in the accord.

We have much more work ahead of us, and the IMA continues and will continue to work non-stop for the doctors and medicine in Israel.

Yours Sincerely,  
**Dr. Leonid Eidelman,**  
President, Israeli Medical Association

# IMA Domestic News and Activities

## Israel's 5th Medical School is opened in Safed

» On the 30th October 2011, the 5th medical school in Israel opened in Safed, in the Galilee region. The North of Israel has been increasingly starved of young doctors and it is hoped that the new medical facility will bring medical students and young doctors to the area, as well as to stimulate Safed's development and raise the quality of medical care in the Northern region.

To mark the school's opening, Prime Minister Binyamin Netanyahu held the weekly cabinet meeting at the new medical campus. The opening ceremony was also attended by President Shimon Peres, Deputy Prime Minister Silvan Shalom, Safed Mayor Ilan Shochat and Prof. Manuel Trajtenberg, chairman of the Council for Higher Education's Planning and Budgeting Committee.

"You young people have chosen 'brain gain' as opposed to 'brain drain,'" President Shimon Peres stated. "By coming here you have eagerly embraced the noble Zionist ideal of developing the northern part of our country.

This is the beginning of unprecedented growth in the Galilee region."

The new medical school, named the Faculty of Medicine in the Galilee, is connected to Bar Ilan University. Currently there are 124 students enrolled in the four-year program. This has increased the number of medical students in the country by 18 percent. The student body currently includes Jews and Arabs returning from abroad, including those from prestigious institutions such as Harvard, Yale and Stanford universities. The majority of the new facility's lecturers have also committed themselves to living in the Galilee region.

The new dean of the medical school is Prof Ran Tur-Kaspa, a world-renowned expert in hepatitis viruses and liver disease and the head of Internal Medicine D at the Rabin Medical Center-Beilinson Campus. Prof Kaspa stated that they expect that the facility will grow to 1,000 students within seven years, by which time it will move to its permanent quarters overlooking Lake Kinneret.

The curriculum has been modelled on that of leading American institutions, such as Harvard Medical School. It features an integrative teaching ap-

proach that links core science and clinical studies while communicating to the students an orientation toward health promotion and disease prevention. The faculty will also focus on medical research and plan to establish a research center for the study of autism.

## New York Mayor Bloomberg presents a new Magen David Adom Center in Jerusalem



» On the 23rd October New York Mayor Michael Bloomberg presented the newly renovated and expanded Magen David Adom center in Jerusalem. The 30 million NIS renovation was made possible by the generous donations of Mayor Bloomberg together with contributions through the American Friends of Magen David Adom (AFMDA) and other groups from Europe and throughout the world. The new facility was dedicated to the memory of Bloomberg's father and was named, accordingly, the William H. Bloomberg Magen David Adom Center.

In addition to the Bloomberg family, attending the ceremony were the chief rabbis of Israel, Interior Minister Eli Yishai, MDA director-general Eli Bin, Kadima MK and Knesset health lobby chair Rachel Adatto and dozens of foreign donors who were in Israel attending the International Magen David Adom Conference.

The original structure was construct-



■ The stone laying ceremony for the new medical school in the Galil on the 4th April 2011

ed in 1963 with the aid of funds from the MDA's South African Friends. The building had become inadequate, after the city's vast development and growth, and was in great need of updating. The emergency facility serves the area's 1.2 million residents and provides the region's EMS, ambulance services and supplies the area's hospitals with the majority of their blood requirements.

The new center was not only upgraded and renovated, adding a new five-story wing, the William H. Bloomberg Magen David Adom Center also parades a range of new features and improvements. The center was built using modern engineering standards to sustain in the event of an earthquake, and against threats of conventional and non-conventional war.

The new state-of-the-art dispatch center, utilizes the latest GPS technology that can pinpoint every building in the city and its environs. MDA's groundbreaking "Motobridge" communications system enables its staff to receive emergency calls and alerts online from every type of communications device. The paid staffers who will use them include 66 paramedics, 57 emergency medical technicians and ambulance drivers, 13 dispatch center operators, four emergency doctors, four EMS trainers and six management personnel. The volunteers include 1,200 adults and 350 teenagers.

The new David Mark Berger Chapter Blood Donation Center, is hoped to boost the number of blood donations, by making donation not just a civic responsibility, but one that can be done in comfort. The fleet of bloodmobiles that operate from the station will now be able to do so easily and efficiently, loading and unloading supplies, directly into a state-of-the-art Blood Bank.

The Nathan and Jacqueline Goldman Palm Beach Friends MDA Pre-Hospital Training Center features modern facilities and infrastructure and will run first-aid and other training for the facility.

The new visitors' center aims to attract people from across the country and abroad as a permanent interactive exhibit about MDA's history and its wide range of life saving activities. The Morris and Nancy Offit Conference Center allows for formal programs and educational films. The center also boasts an observation deck on the roof which overlooks the panoramic view to the entrance of Jerusalem.

The MDA Jerusalem Region is the busiest in the country. Last year, MDA Jerusalem provided medical assistance to over 53,000 people, rushed close to 4,100 women in labor to the hospital (or performed emergency deliveries in ambulances or at home), attended to victims of almost 9,000 road accidents and provided medical backup at 1,148 public events.

In his comments at the dedication ceremony, Mayor Bloomberg stated, "My family was attracted to Magen David Adom because of its spirit of volunteerism and its unwavering commitment to treat all people equally regardless of race or religion," he said. "Today is a great day for Magen David Adom, its supporters, my family and the people of Jerusalem."

## Paramedic licensing exams can now be taken in English

» On the 1st November the Knesset Labor, Social Affairs and Health Committee approved a bill allowing that state licensing exams for the paramedical profession to be taken also in English. Previously, these exams have only been available in Hebrew and Arabic.

The change is applicable to exams for physiotherapists, clinical communications specialists (hearing and speech), occupational therapists and clinical dieticians.

Deputy Health Minister Ya'acov Litzman asked the committee to approve the regulations for paramedical professionals in order to ease the process of licensing for new immigrants. For this reason, licensing exams for doctors have long been available in a variety of languages, and those for nurses have been produced in English and Spanish for a number of years.

Representatives of Nefesh B' Nefesh have asked the chair of the committee MK Haim Katz to add further optional languages for state licensing exams. MK Katz said he was willing to do so.



# Medical Achievements

Printed courtesy of Israel21c - [www.israel21c.org](http://www.israel21c.org)



## New 'solution' kills hospital superbugs

» Resistant bacteria are soon to meet their match: a genetically engineered fluid that restores their susceptibility to antibiotics.

Every patient, nurse, doctor and visitor to a hospital knows the drill: hands get a splash of antibacterial fluid found at every bedside, entrance and exit. Keeping hands clean can prevent some infections, but superbugs -- those sometimes deadly bacterial strains resistant to antibiotics -- can outwit the best hygiene practices.

Hospital-acquired infections are one of the leading causes of preventable death in the developed world today, with 100,000 people in the United States alone dying every year from bugs they catch as patients in the hospital, according to the World Health Organization. The

“ superbugs may have met their match, thanks to a genetically engineered cleaning solution developed in Israeli laboratories”

old and very young are at an especially high risk of infection from resistant bacteria that can spread like wildfire.

But now superbugs may have met their match, thanks to a genetically engineered cleaning solution developed in Israeli laboratories.

Costing only a few dollars a quart, the solution is non-toxic to patients and can be spread on hospital surfaces to kill what conventional soaps and antibiotics can't, report researchers Rotem Edgar from the Tel Aviv Sourasky (Ichilov) Medical Center and Udi Qimron from Tel Aviv University. They detailed their technology recently in the journal *Applied and Environmental Microbiology*.

To read the full story, [click here](#)

## Does that pill cause side effects? Treato will tell you

» Israeli website aggregates and analyzes user-generated data to revolutionize the way patients, physicians and drug companies share info about medications.

Have you just been prescribed a new medication and want to know its possible side effects? Are you already taking a drug whose side effects aren't listed on the package insert? Most likely, your first step is to Google it. But the unstructured results can be overwhelming and hard to make sense of.

That was exactly the problem confronting Gideon Mantel, the CEO and



**“ Treato will revolutionize the way patients, physicians, health maintenance organizations (HMOs) and pharmaceutical companies integrate user-generated data into their information processing”**

co-founder of First Life Research. His 17-year-old daughter had suffered a basketball injury and was facing knee surgery, medication or both. Mantel searched the web to learn as much as he could in order to ask the right questions of his daughter’s doctors. He spent days combing through posts on patient blogs and online bulletin boards.

And that led to Mantel’s light-bulb moment. The former CEO of Israeli high-tech heavyweight Commtouch was determined to create a service that would aggregate all that patient information in one place, categorized in an easy-to-understand format.

Four years in the making, with \$5.5 million in venture capital financing, Treato was launched at the end of September at the Health 2.0 conference in San Francisco. First Life Research is betting that Treato will revolutionize the way patients, physicians, health maintenance organizations (HMOs) and pharmaceutical companies integrate user-generated data into their information processing.

To read the full story, [click here](#)

**A personal trainer for weak hearts**

▶▶ Implantable device invented in Israel electrically ‘teaches’ diseased heart muscle to contract more



**“ The minimally invasive Optimizer III is a pacemakersized device that electrically stimulates diseased heart muscle”**

strongly and get the blood pumping.

For many of the 26 million people with chronic congestive heart failure (CHF), medical treatment fails to get their hearts pumping normally. Shortness of breath and general weakness just don’t go away, as heart muscle damaged by genetic conditions, heart attack, coronary artery disease or persistent high blood pressure cannot deliver adequate oxygen and nutrients to the body.

A unique potential solution in the pipeline for these patients is now being developed in Israel. The minimally invasive Optimizer III is a pacemakersized device that electrically stimulates diseased heart muscle, enabling

it to contract more strongly and pump blood where it’s needed.

Implanted in a surgical procedure under local anesthesia and sedation, the Optimizer III just needs to have its battery recharged at home weekly for about an hour. And it has lasting effects, not just serving as an assistive device but actually strengthening the heart the same way any exercise builds muscle.

In June, Impulse Dynamics enrolled its first patient in a multi-center study to confirm the device’s safety and efficacy, aimed at getting approval from the US Food & Drug Administration (FDA).

To read the full story, [click here](#)

## International Activities

### Israeli Medical Association at the European Parliament

» On the 6th and 7th of November 2011, a European Congress was organized by the IMA Belgian Chapter in honor of the Israeli Medical Association centennial.

The congress began with a meeting held at the Conrad Hotel in Brussels, where participants heard presentations about the history of Jewish physicians across Europe. The following session focused on the Israeli model in medical technology, with speakers coming from across Europe and Israel to present. In the afternoon, participants had the opportunity to visit the Magritte Museum and in the evening, the Belgian Chapter kindly hosted a wonderful dinner for all.

On the 7th November, the day began with a visit to the Jewish Museum in Brussels, after which the participants travelled to the European Parliament. On their arrival, the participants were taken on a fascinating tour of the eminent building.

In the evening, a symposium was held at the European Parliament on the topic of Israeli Medicine. The symposium was co-sponsored by the following Members of European Parliament: MEP Emil Stoyanov (EPP), MEP Dr Charles Tannock (ECR), MEP Dr Miroslav Mikolasik (EPP), MEP Vasileica Dancila (S&D) and MEP Hannu Takkula (ALDE), MEP Michail Tremopoulos (Greens). The Parliamentary session was co-organized by B'nai B'rith.

The symposium marking the centennial anniversary of the IMA focused on the many medical achievements in Israel, specifically looking at health disparities, humanitarian aid, physician



■ Participants at the European Parliament - photo courtesy of H el ene Jacobowitz

“ **The symposium marking the centennial anniversary of the IMA focused on the many medical achievements in Israel** ”

immigration and the relations between Europe and Israel today.

The opportunity to present at the European Parliament was one of great import and significance, allowing as it did the work of Israeli physicians and medical institutions, as well as the IMA, to be spotlighted at one of the major centers for European political influence.

Following the symposium, an exhibition was opened displaying posters about Israeli medicine from Beit Issie Shapiro; Center for Health Policy Research in the Negev, Ben Gurion University, Israel; B'nai B'rith; Simon Cohen; Hadassah; Israaid; Israeli Medical Association; Ruth & Bruce Rappaport Faculty of Medicine, Israel Institute of Technology, Israel and the Western Galilee Hospital, Nahariya, Israel.

The opening of the exhibition was marked by speeches delivered by MEP Charles Tannock, MEP Miroslav Mikolasik, Mr. David Saranga, Head of the

European Parliament Liaison Department at the Mission of Israel to the EU, and Dr. Rene Trau, representing B'nai B'rith Europe, who unanimously praised the positive role of the Medical Association in Israel and overseas.

The poster exhibition remained on display in the European Parliament until the 11th November, allowing many more Members of the European Parliament and visitors of the parliament with the opportunity to view the contributions of Israeli Medicine.

Our thanks to Dr Willy Lipschutz for organizing this important event, as well as to Dr David Katz and Prof Arnon Afek for their contributions. Special thanks to Nuno Wahnnon Martins, Director of European Union Affairs, B'nai B'rith International, who was essential in the organizing of the event at the European Parliament, and, of course, to all the presenters and participants who made this conference such a success.

## Canadian Physicians Visit Israel

A group of 10 physicians from Canada recently participated in an itinerant medical conference in Israel. The group, mainly from Vancouver and Toronto, held three seminars in each of the main cities. In addition, the group visited universities and various companies that were involved in medical research.

The theme of the trip was Israel's medical technological advances and it was modeled on the Start-up Nation theme. In addition to the main theme, other talks focused on Israel's outreach to the third world, discussions of medical ethics, and general touring. The conference was jointly organized by Dr. Larry Barzelai, a family physician in Vancouver, and Rabbi Bill Berk, an educational consultant for the Israeli travel agency Keshet.

Thanks to Michelle Glekin and the Israel Medical Association, a successful seminar was held in the IMA offices in Ramat Gan. The venue was perfect, featuring a conference table, up-to-date



■ Participants visit Ben-Gurion's grave at Sde Boker

audio-visual equipment and great refreshments.

The following four talks were presented there. (1) Dr. Arie Orenstein showed us the appearance of a 'futuristic operating theatre'. (2) Ra'anana Gefen founded the company Nano Retina, which has created an electronic device implantable in the retina which can greatly enhance vision of people with macular degeneration. (3) Dr. Shlomo Vinker, as a member of the Israeli army medical team, demonstrated the functioning of the medical clinic which

treated patients in the recent Haiti earthquake. (4) Prof. Moien Kanaan of Bethlehem University and Prof. Karen Avraham of Tel Aviv University presented a joint Israeli-Palestinian project studying genetic causes of deafness.

Two similar seminars were held in Haifa and Jerusalem and featured speakers who resided in those cities. The group visited companies such as Neuronix, which is doing research on electromagnetic stimulation to treat Alzheimer's Disease, and Given Imaging, inventor of the GI minicam. The remainder of the trip involved general touring, which included a bike ride in the Negev, a private tour of Ben-Gurion's home in Sde Boker and a visit to Better Place, creator of the electric car.

Israel is a country that offers exciting opportunities for any engaged tourist. In addition, the medical technological advances are unequalled anywhere in the world. It was a pleasure to explore Israel from the perspective of a physician looking at the future medical world even as it is being created.

Larry Barzelai, Vancouver

## The IMA signs an agreement with the Uruguayan Medical Association

» An agreement was made between the Israeli Medical Association (IMA) and the Uruguayan Medical Association (SMU) to allow for scientific exchange and training of Uruguayan doctors in Israel.

The (then) President of SMU, Dr. Julio Trostchansky, together with the SMU Vice President, Dr. Martin Fraschini, Dr. Alfredo Toledo, Technical Director CASMU, and Dr. Eduardo Figueredo, Secretary General of the Confederation of Latin American Medical, travelled to Israel last May and signed the agreement.

The agreement, signed on Monday



■ Left to right- Dr Erdman, Adv Borow, Dr Feldman, Adv Wapner, Dr Siev-Ner, Dr Eidelman, Dr Trostchansky President SMU, Dr Fraschini, Vice President SMU

May 30th at the offices of the Israeli Medical Association, will provide Uruguayan doctors with the opportunity to learn about the Israeli health system. It also allows for Uruguayan doctors to take part

in the IMA Physician Exchange Program, providing the opportunity for Uruguayan doctors to travel to Israel and gain experience working in the Israeli health service for a brief period of time.

## AGREEMENT

### Uruguayan Medical Association – Israeli Medical Association



#### Art 1) BACKGROUND INFORMATION

The Board of the Sindicato Médico del Uruguay (Uruguayan Medical Association) decided to seek first-hand contact with the reality of the health system in Israel, and to that end it visited Israel in May 2011.

The delegation, led by President of the SMU, Mr. Julio Trostchansky, MD, held the following objectives:

- a) to learn about the health system reform process in Israel given the fact it is mentioned in the reform process applied in Uruguay,
- b) to get to know the reality of medical practice in Israel,
- c) to create academic links for Uruguayan professionals to be trained at health centers in Israel: and to design cooperation programs in health-related projects.

Within this context, the Israeli Medical Association (IMA) and SMU shall prepare cooperation agreements to benefit their members, thus contributing to improving their health systems and the professional reality of physicians' practice.

#### Art 2) OBJECTIVES

To enable training of Uruguayan physicians at the Israeli Health Center and the Exchange of Uruguayan and Israeli professionals in the scientific and academia areas agreed.

#### Art 3) EXCHANGE PROGRAMS

- 3.a) Short Term: The Israeli Medical Association offers SMU the World Fellowship's Physicians' Exchange Program", its Exchange Program that aims to allow for professionals who graduated abroad to learn about the Israeli health system and to study there, on a voluntary basis. The IMA will assist the participants in their efforts to locate scholarships that will

allow them to take part in the Exchange program.

3. b) Long Term: Guidelines shall be defined within a 60 day time frame with the purpose of expanding and deepening the collaboration initiated according to the previous item.

#### Art 4) IMPLEMENTATION OF THE SHORT TERM PROGRAM (3.A)

- 4.a) RECRUITMENT: The Uruguayan Medical Association shall make a wide and public call, in order for the members of the professional association to learn about the program and to thus carry out all paperwork and satisfy the formalities required for the application, which are included in an annex attached hereto.
- 4.b) ENROLMENT: The Uruguayan Medical Association shall inform those interested about the characteristics of the Program, clarify doubts that might arise and receive the applications that are to be transferred to the Israeli Medical Association for assessment.
- 4.c) LEGAL REQUIREMENTS: The Israeli Medical Association shall assist participants to submit the necessary paper work to the ministry of health in order that they receive their required license for medical practice in Israel for the period of time requested.

Once a decision is made in regard to the application, it shall be communicated to the Uruguayan Medical Association for the interested party to be notified.

#### Art. 5) DURATION

The present Agreement shall be in force for two years, and this term shall be automatically extended, unless, 30 days prior to the expiration date, one of the parties hereto informs about its wish to terminate it.

**Dr Leonid Eidelman**  
President  
Israeli Medical Association

**Dr Julio Trostchansky**  
President  
Sindicato Médico del Uruguay

# Humanitarian Aid

## Humanitarian Hearing Mission



Israel's Sheba Medical Center and Physicians for Human Rights joined forces with the American Starkey Hearing Foundation in a cross-border humanitarian effort to provide \$1 million-worth of hearing aids to a Palestinian West Bank population who are greatly affected by genetic deafness.

The organizers arranged a three day humanitarian mission, where a team of 20 Israeli doctors, medical students and a speech therapist travelled to the West Bank city of Tulkarm to do hearing tests and fittings for hearing aids. Two months later, at the end of May, the group returned to distribute the hearing aids to more than 1,000 Palestinians, answer their questions and train them in using these new devices.

The delegation received a most positive response from the local community. The hearing aids were provided to children, women and the elderly who were disconnected from their surroundings due to their inability to hear. Some deaf children did not go to school, as they were not able to hear

their teacher and their family could not afford to pay for hearing aids. Such hearing aids cost approximately \$1,000 for a set, which is equal to the average monthly income of a family living in the West Bank.



Hearing problems are a common problem among the Palestinian population, possibly due to a high proportion of consanguineous marriage. This is a common occurrence in the Arab population, where cousins often marry.

The Starkey Hearing Foundation donates 100,000 hearing aids each year throughout the world. Since the year 2000, the Foundation has supplied more than 500,000 hearing aids to people in need and aims to reach one million people by the end of the decade.

The American Friends of Sheba Medical Center appealed to the Starkey Foundation, requesting their support in donating hearing aids to the Palestinian population. Physicians for Human Rights- Israel pinpointed those in need of such assistance.

## Eighth Seminar on Developing and Organizing a Trauma System and Mass Casualty Event (MCE) Organization



More than 2 dozen doctors and nurses from 17 countries attended the eighth seminar on developing and organizing a trauma system and mass casualty event (MCE) organization, jointly sponsored by Rambam Health Care Campus in Haifa and the Israeli Ministry of Foreign Affairs and the Israeli Ministry of Health. The unique simulation event brought together participants from Albania, Ecuador, Ethiopia, Burma, Georgia, India, Vietnam, Jordan, Nepal, Kenya, Nigeria, Chile, Peru, Kosovo, Thailand, Ghana and New Zealand. Even Indonesia, the largest Muslim country in world, which has no formal diplomatic relations with Israel, sent five representatives

to attend the course.

The course held at Rambam Health Care Campus in Haifa from the 6-19th November, aimed to teach participants to develop systems for medical operations in emergency, trauma and MCE situations suited to each of their countries. Rambam hospital, which is the largest hospital in Northern Israel, is an expert in dealing with trauma, emergency and mass casualty events. It houses the only trauma system in the region and so treats trauma patients from nine general hospitals, making it the busiest trauma center in the county. For many years the hospital has received soldiers injured at Israel's Northern bor-



■ The opening of the course



■ Don't believe everything that you see



■ The course participants during the simulation



■ Photos courtesy of Pieter Fliter-RHCC

der and beyond, as well as civilians hurt in home front wars and terror attacks.

Rambam hospital's Teaching center for Trauma, Emergency and Mass Casualty Situations regularly hold international seminars and training sessions in Israel and for medical professionals throughout the world.

"In the course, we learn how to build a system for operating in emergency, trauma and MCE. We did not come to seek medical information, but guidance on how to get organized in case of these situations, Rambam's system for trauma is the best there is, and we can learn a lot from it." stated Prof of Neurology Andi Asadul Islam, from Hassan Udim University, Makassar, East Indonesia.

The seminar was directed by Dr. Moshe Michaelson, Medical Director of the Teaching Center, and Seminar Coordinator Gila Hyams, Director of the Teaching Center and

Trauma Coordinator.

The course involved theoretical lectures, together with tours at Rambam and various Israeli hospitals. The participants gained a broad view of the activities of the different emergency medicine units. In addition to this, they also visited IDF simulation centers, and Magen David Adom headquarters.

The participants also enjoyed visiting many tourist attractions in Israel, including Yad Vashem, and various sites in Jerusalem, Jaffa, Acre, Nazareth and many more.

"Everything is well-organized and perfect," noted Dr Edi Prasetyo, Medical Advisor of Home Care in Jakarta. "We get to see the big picture – how the whole nationwide system works."

While the visitors clearly learned their lessons on trauma, emergency and MCE, one hopes they will never have to use them.

The Israeli Ministry of Health and the Home Front Command will be hosting the Second Israeli International Conference on Healthcare System Preparedness and Response to Emergencies and Disasters. The meeting will provide an opportunity for professionals from around the world to share the latest findings and new experience regarding health system readiness for disasters and emergencies of all types.

#### Conference Aims

- Following the great success of IPRED I conducted in 2010, IPRED II will likewise provide a platform for the exchange of ideas, experience and lessons learned for practitioners and researchers involved in the field of preparedness and response to emergencies and disasters.
- To promote international networking between health care professionals in the fields of preparedness and response to emergencies and disasters.
- To enhance international research collaboration in the field of emergency and disaster medicine and public health preparedness.

#### Important Dates

- Abstract submission Deadline: **September 12, 2011**
- Abstract acceptance notification: **October 5, 2011**
- Deadline for early bird registration: **October 20, 2011**
- Presenters of accepted abstracts must be registered by: **November 15<sup>th</sup>, 2011**

**Updated!**

#### Conference Outline

Conference official language: English

The IPRED Scientific Committee invites practitioners and researchers interested in the various aspects of preparedness and response to emergencies and disasters to submit abstracts of papers for presentation at the conference. Proposals for oral or poster presentations are welcome. Please submit your abstracts through the IPRED web-site.

CME accreditation will be granted for this conference.

#### The conference program will include:

Plenary sessions \* Oral & Poster presentations \* Panel Discussions \* Table top exercise \* Workshops \* Exhibitions \* Observation of a drill \* Networking sessions

A one-day complimentary sightseeing tour in Israel.



## The 2<sup>nd</sup> Israeli International Conference on Healthcare System Preparedness & Response to Emergencies & Disasters

#### Contact Us:

Conference Secretariat: Mrs. Eveline Shpitzer Gotlib  
Kaleidoscope Ltd - Email: [ipred@kldltd.com](mailto:ipred@kldltd.com)  
Ph: +972-3-6041777, Fax: +972-3-6048473  
Conference official website: [www.ipred.co.il](http://www.ipred.co.il)

David Intercontinental Hotel, Tel-Aviv, Israel  
**15-19 January 2012**

- CME Recognition
- Abstract Deadline: **September 12, 2011**

[www.IPRED.co.il](http://www.IPRED.co.il)



The second Israeli International Conference on Healthcare System Preparedness & Response to Emergencies & Disasters  
**15 - 19 JANUARY 2012, DAVID INTERCONTINENTAL HOTEL TEL AVIV, ISRAEL**



#### Who should attend?

The target population includes professionals from the civilian and military domains, government and non-governmental agencies involved in the delivery of health care, and interface agencies involved in the preparedness and response of health care systems to emergencies and disasters. Professionals who would benefit from the conference include: directors of medical agencies, physicians, nurses, emergency medical services personnel and public health officials. Representatives from interface agencies such as the police, law enforcement and homeland security departments, environmental protection agencies, rescue and fire brigades will also find the conference relevant.



#### Highlight – Radiological Drill

Observe and participate in a comprehensive regional radiological drill. The drill will be conducted on the 3<sup>rd</sup> day of the conference. It will simulate a radiologic terror event based on lessons learnt from large-scale radiologic exercises that took place in Israel in the past. The drill will include hospitals, primary care organizations, emergency medical services, public health district office and interface agencies. During the drill, a regional treatment center for potentially exposed will be deployed.

The conference participants are invited to observe the drill or be actively involved, by assuming the role of simulated patients or evaluators.



#### Main Themes:

- MCI, CBRNe & Cyber terrorism management
- Humanitarian disasters & humanitarian aid
- Evaluating emergency preparedness
- Human resources, logistics, training & exercises
- Ethics in emergency preparedness & response
- Leadership & Collaboration
- Resilience
- Risk assessment & Risk communication
- Public health



# Chapter Tidbits



## News from Italy

» The new-old Jewish medical association of Rome organized an open day on the prevention of the cardiovascular diseases on the 23rd October at the Palazzo della Cultura, in the antique, famous Ghetto. It was a great success for the organizers, the members of AME, the teams of nurses and physicians of the Israelitic Hospital and all the persons (many young students and young physicians) who contributed to the event with enthusiasm.

In Italy, in fact, the leading cause of death is due to cardiovascular diseases. These pathologies produced 44% of deaths, last year. Unfortunately, it is still not well known that main risk factors are linked to a bad style of life (smoking, reduced physical exercise and inadequate diet). So, effective tools to prevent and protect health consist of initiatives in information, education and prevention, in order to promote healthy styles of life.

Not only members of the Jewish community participated, a significant part of the whole population was there. 300 ana-



■ The cardiology team - AME Italia

mnestic cards were received and as many cardiologic visits were done. Information was given by distributing leaflets and other material, it was possible to measure blood pressure and abdominal circumference and people could also complete a questionnaire to identify risk factors. When these factors were found, the patients were invited to refer to the cardiologic department of the Israelitic hospital to deepen the diagnosis.

Also the kosher restaurants of the area were involved: each one of them offered a right plat du jour for the event. In the meantime, guidelines were drawn to prevent casualties, planning a healthy education through the correct use of body and food.

Renato Caviglia and Maria Silvera,  
AME Italia

» In Milano, in the National Museum of Science and Technology, Leonardo da Vinci, at the end of November, we had an interesting exposition, *Uno sguardo sull' arte di domani*. It was the third edition of a new art fair.

This was a pleasant occasion to meet again H el ene Jacobowitz and her special work, just three weeks after the IMA WF congress in Bruxelles. There we saw her energies at work helping her husband, Willy Lipschutz, who represents European countries in IMA WF and who mainly organized the meeting. She hosted us with patience and kindness.

In Milan we were able to recognize another talent of hers: she is an artist, creating mostly in bronze. H el ene gives movement and light to figures, so that you can imagine different people coexist in those sculptures, especially female forms. Ernest Van Buynder said that some sculptures are a metaphor for technology at a man's service and he remembers an interesting one in the Eras-



■ Left to right - Maria Silvera, H el ene Jacobowitz, Willy Lipschutz

mus hospital in Brussels. Shall we say that her husband transmitted something to her work and that we find a signal of the interculturality that characterizes World Fellowship in the woman supporting a globe? Van Buynder describes this statue like a dream of a promising world where people of different cultures, race, religion and ideology live together hand in hand.

Maria Silvera, AME Italia



## News from Belgium

### » Centennial of the Israeli Medical Association

On the 6th and 7th of November 2011 a congress was organized in Brussels by the Belgian branch of the Israeli Medical Association World Fellowship to commemorate the centennial of the Israeli Medical Association. This congress was concluded in the European parliament by the inauguration of an exhibition of posters representing Jewish





■ Exhibition at the European Parliament - photo courtesy of H  l  ne Jacobowitz



■ Participants at the European Congress - photo courtesy of H  l  ne Jacobowitz



■ Dinner entertainment at the European Congress - photo courtesy of H  l  ne Jacobowitz

medical history, Israeli medical technology, and the hope of peace brought by Israeli humanitarian projects in Israel, the Palestinian territories and numerous countries in the world. The official opening ceremony was held in the presence of MEP Emil Stoyanov (EPP), MEP Dr Charles Tannock (ECR), MEP Dr Miroslav Nikolasik (EPP), MEP Hannu Takkula (ALDE), MEP Michail Tremopoulos (Greens), MEP Vasilica Dancila (S&D), senator Prof Jacques Brotchi, Dr Willy Lipschutz, president of the IMAWF Europe, Dr Ren   Trau, Vice president of B'nai B'rith Europe, Dr Sosnovsky president of the Belgian Jewish organizations and Mr. David Saranga, representing the Israeli mission at the European parliament. The exhibition ended on the 11th of November, the symbolic day of the armistice.

The IMA was founded on the 11th January 1912 in Tel-Aviv under the denomination Hebrew Medical Associa-

tion. Its creation was motivated by the precarious state of the sanitary and medical situation in the region at that time. Just to illustrate this it must be known that in the Jewish legion of the allied forces combating in World War I (1914-1918), 60% of casualties were due to malaria, and not to war injuries. The biggest enemy in the region at that time was actually disease.

The IMA World Fellowship is the international branch of the IMA and works as an interface between the several Jewish and non Jewish medical associations within the IMA

One doesn't hear often speak of the IMA or IMAWF because the doctor is a neutral person without gender or color who aims to help, the best way he can, the suffering people. Modesty and medical secret warrant the best medical care. But in the actual context of bigotry and anti-Semitism it is important to let our voice be heard.

3 subjects were part of the congress:

- History of medicine in a Jewish and Israeli perspective
- Applications of Innovative Israeli technology in several specialties in Europe
- Israeli humanitarian projects

### History of medicine in a Jewish and Israeli perspective

The importance of Jewish doctors in the history of medicine made us understand

that the history of medical discoveries can be of great value for future researchers. That's why emeritus Prof Holubar from Vienna and Jerusalem, who has personally known famous doctors from pre-war Austria and gave life to many eponyms, had the regret that medical history is not a part of the medical curriculum.

Dr Halioua who spoke about the Nazi era, made us understand that if you don't know history you're condemned to repeat the errors of the past.

### Applications of Innovative Israeli technology in several specialties in Europe

Three Israeli research institutes place in the top ten in the world. Israel is the second after the United States to have the most start-up enterprises per capita in the world. It results in a significant number of innovations in medicine in Israel, but also in Europe as the presentations of Prof Wellens, cardiologist at the VUB and Dr Van Gossum, gastro-enterologist at the ULB were able to show.

Here are some examples of collaboration between Israeli technology and Belgian clinicians.

Dr Andr   Van Gossum presented the results of his pill-cam study; a miniature camera not larger than a pill produced by the Israeli firm Given Imaging that revolutionized gastro-enterologic examinations.

Prof Francis Wellens presented new valves developed by an Israeli firm which can be placed within minutes by venous catheterism avoiding open heart surgery. He also presented new technology as a result of aerospace research, named the CARTO system which is able to model the pace-making electric activity of the heart in three dimensions. This makes treatment of atrial fibrillation possible by catheterization in real time, a disease responsible for acute cerebral attacks in 10% of the 4.5

Europeans suffering from fibrillation.

### Israeli humanitarian projects

In principle all Israeli citizen are covered by a social security fund which includes the 20% non-Jewish inhabitants. Doctors and nurses from all philosophies or obediences work hand in hand to save human life. It even happens that victims and perpetrators of terror attacks lay together in the same room. All aspects and difficulties of Israeli medicine were discussed by Dr Zeev Feldman, Prof Arnon Afek and Prof Nurit Nirel.

Until 1993 the inhabitants of Judea, Samaria and Gaza had the same social coverage as the Israelis. In order to continue to benefit from the same advantages as before the instauration of the Palestinian authority several cooperation projects were started in the margin of the Peres foundation for peace. A nice example is the project Un coeur pour la paix that let the habitants of Judea Samaria and Gaza have the same treatment of congenital heart defects as the Israelis, through the service of Prof Azaria Rein at the university hospital Hadassah from Jerusalem. However, they do more than just operate on children, they work together with their Palestinian colleagues so that the treatment doesn't stop at the gate of the hospital. 55% of the 365 Palestinian children that were operated upon until now came from Judea and Samaria and a further 45% came from Gaza.

The aid program in Sub-Saharan Africa, presented by Shlomo Maayan in cooperation with the UN is beneficiary of the expertise acquired by the Israeli doctors with Ethiopian immigrants, not only for AIDS but also for the training of African doctors in tropical diseases. An exchange program exists between the university of Gondar and Jerusalem.

To end I will cite the emergency help in all parts of the world where Israeli field hospitals are appreciated. Colonel

Dr Avi Abargel showed us all the steps of mobilization after the Haiti earthquake. Within 89 hours the fully equipped hospital was on the spot. This was so well appreciated that the first born baby in this field hospital was called "Israel"

Willy Lipschutz  
President of the IMAWF Europe



### News from France

#### » French medical students - A summer program in Israel

30 medical students and young doctors, mostly from Paris – University 7 – took part in a summer training program in Israeli hospitals. Their trip included professional activities as well as a tour through the country of Israel.

The French Jewish Doctors Association (AMIF) organized during their trip a convention in Sackler Medical School – Tel Aviv - with Israeli medical students to give them the possibility to meet, dis-

cuss, share and exchange. Every year, Tel Aviv University organizes one of the most important exchange programs in the world. More than 100 medical students from different countries come, all year around, for one month in Israel. The students are spread out in different hospitals according to their choice and the hospital possibilities. Most of the hospitals are located in the surroundings of Tel Aviv, Jerusalem and Haifa. The T.A. University manages meetings, tours and parties to stimulate contacts and friendship.

Sydney Kristal –Paris- completed his training at Assaf Harofeh Hospital in the department of imaging under Professor Gottlieb: "I was impressed by the effort developed by the doctors to share with me knowledge in imaging and fondness of Israel". Courses were held in English and practice was performed in a high-tech environment (new generation 3T MRI) offering excellent conditions for diagnosis and mini-invasive treatment at the best level. "I also appreciated the opportunity to live in Tel Aviv and to take advantage of all the activities and entertainment offered by the city, the medical activities being held only in the morning. I recommend without any restriction such a combined stay in Israel to all medical students".

Jonathan Taieb –Paris- representative of the medical students of Paris



■ French Medical Student - summer training program in Israeli hospitals



■ French Medical Student - summer training program in Israeli hospitals

University 7- thanked AMIF : “The French Medical Association gives a real recognition to the students, supports their demands and wishes and assures them a professional and efficient partnership”.

“The stay at Wolfson Medical Center – department of gastroenterology - offered me excellent training with updated technology and provided me with the opportunity to meet with students from Brazil, Australia and the USA” said Deborah S.

Candice O., Wolfson Medical Center, cardiology department, highly appreciated the social and psychological implication of doctors and nurses in charge of patients and the level of technicality. However, stated that Wolfson is far away from Tel Aviv center.

Julie S. at Sheba Medical Center (Tel Hashomer) in the orthopaedic department was impressed by the professional teaching during ward rounds as well as in the operating theater. However, she considers that Israeli healthcare is more costly for the patients than the French one (in France, all surgical expenses are taken in charge by the Social Security).

The “doctor-patient relationship is friendlier than in France but also more paternalist”, said Dan T., “we spent time at Meir Sapir Hospital (Kfar Saba)”.

Julien S. Ganem trained at Haim Sheba (Tel Hashomer) he was impressed by the hospital size: “as big as a city with a commercial center, restaurants

and hotel, buses crossing through the medical center; and in the same place a rehabilitation center, one of the most expert in the world. The buildings are dedicated to new born and children, to old people as well as in research. A section is devoted to Tsahal and the main building for surgery is impressive”.

Finally all the students claim the advantage of their stay in Israel, the experience was efficient in all the fields, professional and social, cultural and relational. All recommend such training for the new generation of medical doctors.

Website of Tel Aviv University: <http://medicine.tau.ac.il/index.php/medschool/electives-for-overseas-students>

Dr Bernard Lobel



## News from the USA

### » Israeli doctors present at the AIMA BioMedTech Conference at Skirball

The American Chapter of the Israeli Medical Association – AIMA hosted a BioMedTech conference on the 15th November at the Skirball Cultural Center in Los Angeles. The conference was attended by 300 participants including Israeli and American doctors, the Consul General David Siegal, and Israeli community activists and public figures. The keynote speaker for the evening was the billionaire businessman Alfred Mann. Following the welcome reception, the participants gathered in the convention hall. Dr. Ben Drillngs, chairman of

the organization in Los Angeles opened the evening and highlighted the importance of Israeli biotechnology companies around the world:

“In Israel there are about 1100 companies in the Bio-Technology industry, and every year new companies are opened. Forty-one companies were established in the last five years and 34% are profitable. Israel is the world leader in patents in medical devices by population (PER CAPITA), first place in medical research and the number of engineers by population, and in fourth place in the world in patents for drugs.

The State of Israel, over its 63 years of existence, has collected a dozen Nobel Prizes, with the Nobel Prize in Chemistry this year being presented to Prof. Shechtman. An important innovation in medicine in Israel is that all patients’ information on the Internet is accessible to physicians.” Additionally twenty Israeli companies have invented amazing developments in the field of stem cells which are considerable achievements in themselves.

Dr. Drillngs invited Alfred Mann founder and president of the MannKind Corporation to the stage. Alfred 86 years of age, who looks younger than his age, in fifty-five years of a brilliant career, established approximately 17 successful companies in the field of bio-technology which generate 8 billion dollars of sales. He holds an honorary doctorate from the Technion in Haifa, a hundred million dollars in donated medical equipment, and an honorary doctorate from Johns Hopkins and Houston universities.

Alfred gave a comprehensive overview of the companies he owns, which are working hard on finding a solution to diabetes, the development of a special device to allow disabled persons to walk, and solutions that would ultimately allow the blind to see. He also noted that they are currently working on vaccines for cancer, Alzheimer’s and



■ **Top:** left to right - Yael Porat, Edna Naftaly, Karen Aboody  
**Bottom:** left to right - Dr. Zeev Feldman, Daniella Magen, Jacob Segal, George Gans, Dr. Ben Drillings, Dr. Jacob Offenberger, Leonard Comden, Prof Shmuel Einav



■ Left to right - Dr. Ben Drillings, Alfred E. Mann, Dr. Zeev Feldman

» Alfred Mann's attends the AIMA- BioMedTech Conference

The first conference of its kind of new medical technologies from Israel was held on Tuesday November 15th at the Skirall Jewish cultural center in Los Angeles by the American Israeli Medical AIMA.

Dr. Ben Drillings, the founder of the newly developed chapter said: "Israel is one of the most advanced countries in the field of medical technology. There are 1,100 manufacturing companies in medical technology and every year between 70-80 new companies are being established."

"This technology is helped in part by the adolescent population in the early diagnosis of diseases and the development of innovative devices that enable home care and treatment through the Internet, which saves patients the trip to the doctor".

The conference's main speaker was Jewish billionaire Alfred Mann, Chairman and CEO of the Mannkind Corporation and one of the richest men in the global medical device sectors. The 85-year-old made headlines in Israel after acquiring the company N.A.S.S in 2007 for \$75 million. The company has developed unique sys-

tems to improve quality of life and the rehabilitation of stroke victims. His love for Israel led him to invest \$100 million at the Technion institute bearing his name, the Alfred Mann Institute. The institute was established four years ago and deals with the Technion's technology commercialization in the medical field.

Mann has focused on one goal: to assist the Mannkind company which controls the stock exchange. To date Mann has invested \$575 million and lent an additional \$350 million. This is the largest amount ever invested by a private individual in a medical device.

"Mann, is a fascinating and unique personality," says Dr. Ben Drillings "he is an entrepreneur who founded 17 companies for sixty years and has become a billionaire and philanthropist"

Although Mann had no business training, he discovered a natural talent and ability to identify successful investment opportunities. His secret is an unrealized need to identify and create technology to fill the missing spot. During his brilliant career, he opened a line of successful companies such as Spectrolab, Heliotek, Minimed and many more. He also developed pacemakers and the implanting of hearing aids and a new type of insulin that should change the lives of diabetics worldwide.

In an interview with Globes, Mann stated that: "My original plan was to contribute \$100 million to 12 universities around the world, i.e. a total of \$1.2 billion, but now I think you should pick fewer institutions and invest more in each establishment." At the conference representatives were also present from Rambam Hospital, the Israeli Medical Association, Tel Aviv University and other representatives of the Israeli medical world.

diabetes. In his conclusion Alfred explained about his important ingredients for success.

Dr Jacob Offenberger, the AIMA's president in Los Angeles then presented, followed by Dr. Zeev Feldman, Chairman of the Israeli Medical Association World Fellowship who noted that next year marks 100 years anniversary of the Israeli Medical Association.

The evening's debate was led by a medical panel which discussed the new inventions and studies in Israel.

Dr Drillings will host a further biotechnology event on the 3rd May. More information about the event and the AIMA can be found: [www.aima4u.com](http://www.aima4u.com) Or by contacting: [info@aima4u.com](mailto:info@aima4u.com)

## » JFGO's Maimonides Medical Society

On Wednesday November 16th, the JFGO's Maimonides Medical Society hosted a VIP look into the state of the art Nicholson Center and its connection to Sheba Medical Center. The evening's presentation was designed to increase awareness in the medical community of the Nicholson Center and the Florida Hospital Partnership with Sheba Medical Center.

Dr. Norman Wall, who was honored for his role in helping establish the Sheba Medical Center, spoke about the importance of maintaining a deep respect for and appreciation of Israel and its achievements. Representing the Nicholson Center was Anthony Nicholson, Nina Yon, Director of Global Business Development, and Rick Wasel, the Nicholson Center Administrator, who gave a presentation showcasing the scope and breadth of the Nicholson Center. Dr. Zeev Feldman, Director of Pediatric Neurosurgery at Sheba Medical Center, was in attendance and briefly spoke about the relationship between physicians and Israel.

Through the presentations, audience members learned that the Nicholson Center for Surgical Advancement at Florida Hospital promises to make the Orlando area a major destination for cutting-edge surgical training. The 54,000-square-foot center at Florida Hospital Celebration is equipped with state-of-the-art surgical robotic equipment and will facilitate the teaching of minimally invasive and robotic techniques by experienced doctors via video-conferencing and telementoring. The Center's goal is to train 20,000 doctors annually, many of whom will be able to learn without leaving their own hospitals.

It was a wonderful program headed by Maimonides Society Chair Dr. Daniel Layish. The event provided an op-

portunity for both members and non-members to gather socially and share in their love and appreciation of Israel. For further information regarding programming and membership please contact Elliott Buren at [eburen@jfgo.org](mailto:eburen@jfgo.org)



## News from the UK

### » Cardiology elective – Hadassah Hospital, Jerusalem, Israel.

I undertook my medical elective at Hadassah Medical Centre in Jerusalem in the summer of 2011. This was made possible by the generous scholarship provided by the Jewish Medical Association UK.

Hadassah Hospital is located at two campuses: Ein Karem and Mount Scopus, both in Jerusalem. It is the hospital which is part of the Hebrew University of Jerusalem and provides teaching and education in the fields of medicine, dentistry, nursing and other health sciences. The larger hospital at Ein Karem has 700 beds in over 130 departments and clinics.

I spent eight weeks in the Department of Cardiology. I began my days with 8 a.m. ward rounds, followed by cardiac catheterisation labs and clinics in the afternoon. I had the opportunity to witness a variety of cardiovascular conditions. However, the majority of the workload concentrated on caring for elderly with heart failure and those admitted with myocardial infarction. My limited knowledge of Hebrew proved of

some help but it was difficult at times to follow the discussions in Hebrew when a lot of medical terminology was used. On most occasions the medical team conducted discussions in English so that I could also understand. The language barrier was much more of an issue when communicating to patients who did not speak English, but with the help of the Israeli medical students and the nurses I managed to clerk most patients with no major problems.

My elective in Israel was eye opening. I am passionate for cardiovascular medicine and I had the opportunity to observe and experience the science being applied to patients at an advanced level. But more so, the experience was eye opening considering the political sensitivities of the region. Having been exposed to the Western media on the Israeli-Palestinian conflict and having heard comparisons to an “apartheid state”, it was surreal to see the level of equality practised on the ground, where Palestinian patients comprise a large number of hospital admissions and they are cared for at the highest standards. This practise is not just limited to Israeli-Arab citizens. One personal example: I witnessed a Palestinian patient being admitted with severe myocardial infarction. He required urgent valve replacement. He spent one week in the Intensive Care Unit and only when he was stable was he transferred to the hospital in Ramallah. But stories like this are common in every department. It was moving to see the human side of the conflict: that regardless of one's religion or background, everyone deserves medical care at point of admission. This is not a privilege but a human right.

My elective in Israel meant a lot to me: as a medical student and as a Jew. It helped me realise that a career in Cardiology is something that I will consider strongly. But beyond that, it opened sides of the Israeli society that I would

not have witnessed any other way. It highlighted the human and the Jewish values that are the foundations of the State of Israel which I am so proud of. May it be that one day our shared humanity helps us to forget our differences and create lasting peace in the Holy Land.

Mehrdad Amirian  
4th year medical student—  
Southampton University

» Dr David Chinitz, Associate Professor of Health Policy and Management, from the Braun School of Public Health, Hebrew University Jerusalem, spoke to a meeting on Thursday 22nd September on the subject of “Health, Wealth and the State of Israel”

David Chinitz received his PhD in Public Policy Analysis from the University of Pennsylvania in 1981 and moved to Israel from the US that same year. He has also served as Social Sciences Research Coordinator for the Israeli Ministry of Health, Senior Staff Member on the State Judicial Commission of Inquiry into the Israeli Health System, Senior Researcher at the JDC/Brookdale Institute, is on the editorial boards of several international health policy journals and has published numerous articles, chapters and edited books on the field of health policy and management. He was Chair of the Scientific Advisory Committee of the European Health Management Association and is currently President of the International Society for Priority Setting in Health Care. Dr Chinitz is an occasional contributor to the popular press in Israel and abroad on issues concerning Israel’s geo-political and social challenges, and visited London to talk at two international meetings at the London School of Economics on health policy and funding.

In his talk to the Association Dr Chinitz told how he had become interested

in health policy issues from a public policy background. He outlined the key differences between the Israeli and UK systems, and compared the “NICE” approach used in the UK with the Israeli “basket of treatment”. The differences between the two were a reflection of underlying cultural differences in health care provision in the first instance, but he believed that as they have developed with time the Israeli approach may have provided greater transparency about treatment choice.

» Prof Anthony Warrens (Annual London Presidential Lecture): “Mind the Gap: Challenges in the Lack of Organs for Transplantation”

Professor Anthony Warrens is the Dean for Education and Director of the Institute for Health Sciences Education at Barts and The London School of Medicine & Dentistry, Queen Mary University of London.

Prof Warrens trained at the Universities of Glasgow (BSc), Oxford (DM) and London (PhD) and undertook a period of post-doctoral training at Massachusetts General Hospital, Harvard Medical School, Boston, USA.

He is Professor of Renal and Transplantation Medicine and an Honorary Consultant Renal Physician at the Royal London Hospital where he has a particular interest in transplantation medicine but continues to participate in the management of a full range of patients with renal disease. He is a Non-Executive Director of Barking, Havering and Redbridge University NHS Trust and sits on both the Advisory Committee for Safety in Blood, Tissues and Organs and the UK Donation Ethics Committee. He is President-Elect of the British Transplantation Society and is a past President of the Section of Transplantation of the Royal Society of Medicine. His research interests include attitudes to organ do-

nation, particularly in different ethnic groups, and biological mechanisms of rejection.

To fill the yawning gaps in his diary, he is Chair of Council of the London School of Jewish Studies (LSJS) and a trustee of the UJIA as well as being a governor of Immanuel College.

In his talk to the Association Professor Warrens highlighted the major health problem of the widening gap between the need for and the supply of organs for transplantation. He said that at the moment, three people die every day on the UK waiting list because an organ has not become available for them. While alternatives such as animal organs and stem cell technology are the subject of major research, no real alternative is yet available. Nor has it proved possible to find ways of switching off the immune response to a graft and thus avoiding rejection without very powerful immunosuppressive drugs (i.e. to induce ‘immunological tolerance’).

Prof Warrens outlined how we are starting to use organs that we would not have considered suitable previously, such as those from “less well” donors, or ABO-blood group incompatible donors – with surprising success. However, most of the new successes have come from promoting the use of organs from living donors, and from people whose deaths have been defined by circulatory failure rather than the classical brain-stem death criteria.

Finally Prof Warrens explained that Judaism has a very positive attitude to the principle of donation, as it has to any life-saving procedure. The sole concerns are in defining death, and in not hastening death in any way. There remains a difference of opinion amongst rabbinic authority as to whether brain stem death is acceptable under Jewish law, and discussions on this question continue.



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